ANNEXURE – I

Rama Medical College Hospital & Research Centre

Mandhana, Kanpur

CONSENT FORM

I .....son /wife of.....exercising my free power of choice, hereby give my consent to be included in the study **"STUDY OF GENETIC ABNORMALITIES IN RECURRENT PREGNANCY LOSS (RPL) OF NORTH INDIAN POLPULATION"**

I hereby give my consent for information related to me to be reported in the research study. I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

(To be explained in detail in native language)

Signature Of Patient

ANNEXURE-II

PROFORMA FOR PATIENT INVESTIGATIONS

OPD NUMBER:	
PATIENT NAME:	
DATE OF BIRTH:	
AGE:	SEX:
RELIGION:	ETHINICITY:

1 - CLINICAL DIAGNOSIS HISTORY:

A- Hematology Report:	
B- Biochemistry Report:	
C- Immunology Report:	
D- Endocrinology Report:	

2- CLINICAL INDICATIONS

S.No.	INDICATIONS	DESCRIPTION
1	Advance Maternal Age	
2	Abnormal Fetal Ultrasound Findings	
3	Parental Chromosome Abnormality	
4	Infertility	
5	History of Misscarriages	

6	History of Spontaneous Abortions	
7	Was MTP Advised	
8	Consanguineous Marriage	
9	Maternal Serum Screening (Double, Triple, Quadruple) Marker	
10	LMP Date	

3- DRUG TREATMENT HISTORY:

4- PERSONAL HISTORY:

5- FAMILY HISTORY OF ANY ABNORMALITY:

6- DETAIL OF PEDIGREE ANALYSIS: